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23850

7590

03/29/2004

ARMSTRONG, KRATZ, QUINTOS, HANSON & BROOKS,  
 LLP  
 1725 K STREET, NW  
 SUITE 1000  
 WASHINGTON, DC 20006



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/648,632	08/28/2000	Takayuki Yabu	001092	5763

TITLE OF INVENTION: DISCHARGE ELECTRODES CONNECTING STRUCTURE FOR LASER APPARATUS AND LASER APPARATUS THEREWITH

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	06/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACKSON, CORNELIUS H	2828	372-087000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. ARMSTRONG, KRATZ,  
 2. QUINTOS, HANSON  
 3. & BROOKS, LLP

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Komatsu, Ltd.

Tokyo, Japan

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

## 4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies 4

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☒ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 01-2340 (enclose an extra copy of this form).

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(Authorized Signature) Wes Brooks (Date) 06/21/2004  
 William L. Brooks Reg#34,129

06/23/2004 AAD0F02 00000157 09648632

01 FC:1501  
 02 FC:8001

1330.00 OP  
 12.00 OP

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